

YOUTH SERVICES POLICY

Title: Quality Assurance Reviews - Central Office Audits, Secure Facilities and Regional Offices Next Annual Review Date: 05/28/2010	Type: C. Field Operations Sub Type: 5. Monitoring Number: C.5.3
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References: ACA Standards 2-CO-1A-20, and 2-CO-1A-21 (Administration of Correctional Agencies), 4-JCF-6A-09 (Performance-Based Standards of Juvenile Correctional Facilities); YS Policies A.2.48 "Driver Safety Program", A.5.4 "Quality Assurance Policy for Automated Information Systems" and A.7.1 "Safety Plan"	
STATUS: Approved	
Approved By: <i>Mary L. Livers, MSW, Ph.D.</i> <i>Deputy Secretary</i>	Date of Approval: 05/28/2009

I. AUTHORITY:

Deputy Secretary of Youth Services as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To provide for ongoing Quality Assurance Reviews of the Secure Care Centers for Youth programs and functions, and the Regional Office functions, and to ensure compliance with Youth Services (YS) policies and procedures, American Correctional Association (ACA), Performance-Based Standards, Risk Management and Federal law.

III. APPLICABILITY:

Deputy Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretaries, Deputy Undersecretary, Facility Directors and Regional Managers.

IV. DEFINITION:

C.O. - Youth Services Central Office.

V. POLICY:

It is the Deputy Secretary's policy that an on-site, quality assurance review of each secure facility, and Regional Office, shall be conducted to provide the Director or Regional Manager with an objective, informative assessment of operational activities. The QA Reviews shall be conducted on a frequency as determined by the Deputy Secretary, but at a minimum, semi-annually for secure care facilities, and annually for Regional Offices.

VI. GENERAL:

The QA Review teams shall be supervised by the Chief of Operations/designee. Team participants shall be drawn from the following pool of staff:

- A. C.O. - Office of the Deputy Secretary
- C.O. - Continuous Quality Improvement Services
- C.O. - Human Resources
- C.O. - Fiscal Services
- C.O. - Information Services
- C.O. - Treatment Services
- C.O. - Staff Development
- C.O. - Investigative Services
- C.O. - Office of Community Services (Probation and Parole)
- C.O. - Contractual Review
- C.O. - Food Services
- C.O. - Educational Services
- C.O. - Safety
- Field- Secure Care Facilities
- Field- Regional Offices

Division or Section Heads and Directors will select representatives for their respective areas in consultation with the Chief of Operations or his designee. Additional team representatives may be requested as needed. Staff who are auditors for ACA Standards are encouraged to participate.

- B. The Chief of Operations/designee shall develop, coordinate, disseminate and revise the QA Review schedule as deemed necessary. As the QA team supervisor, the Chief of Operations/designee shall provide guidance and direction to team members.
- C. After completion of the QA Review, team members shall provide the Chief of Operations/designee with a written report of their findings for review. The Chief of Operations shall submit the completed QA Review Report to the

Deputy Secretary, Central Office Executive Staff, and the Facility Director/Regional Manager.

- D. The Facility Director shall respond to the QA Review Report within 10 days, following the semi-annual QA Review Meeting held at Central Office, and address all areas found in substantial or non-compliance, as well as any other issues requiring action as a result of the review.
- E. The Regional Manager shall respond to the QA Review Report findings within 14 days of receipt of the report, addressing all areas found in substantial or non-compliance, as well as any other issues requiring action as a result of the review.
- F. Following completion of all Regional Office QA Reviews, the Chief of Operations/designee shall schedule a annual meeting with the Deputy Secretary and applicable Executive Staff at Central Office to review the findings and develop an action plan to work toward possible solutions of noted need areas.
- G. Audit components and objectives include, but are not limited to:

VII. SECURE CARE FACILITY PROCESS:

- A. Physical inspection of the entire facility and completion of a subjective evaluation report for each major facility area.
- B. Review of policy, procedure, and relevant documentation regarding Key Control, Tool Control, FTC (flammables, toxics and caustics) Control, and such inspection/verification as may be needed to determine compliance status. (Verification of compliance is required for each review and should be determined independent of the status on the prior review.) Key standards will vary and shall be identified for QA Review purposes by the Chief of Operations of Youth Services. Periodically, a new list of key standards will be developed. Notification shall be submitted to the Facility Director prior to the next scheduled QA Review date. A random review of non-identified standards shall also be conducted.
- C. Review of the Investigative Services program in each secure care facility to ensure compliance with the formalized scheduling and monitoring system as outlined in YS Policy A.1.4.
- D. Review of requirements contained in selected YS Policies, staffing analysis, contractual agreements, standard operating procedures and selected training curriculums to determine compliance in accordance with YS policies and adopted standards requirements.

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- E. Review of fiscal and budget matters to determine procedural and regulatory compliance.
- F. As appropriate, review of a sample of moveable property to determine if the items have been marked with property tag numbers and are in the correct locations.
- G. As appropriate, review and reconciliation of cash on hand to ensure accounting procedures are properly followed.
- H. Review of youth banking funds to determine procedural and regulatory compliance.
- I. Review of compensatory time accumulations, Performance Planning and Review files, and personnel and payroll procedures and practices to determine ongoing compliance with applicable YS Policies, Civil Service Rules, Fair Labor Standards Act, FMLA and other laws. This component of the QA Review shall be conducted annually at each facility unless otherwise warranted.
- J. Review of safety practices, facility maintenance initiatives, and compliance with YS Policies A.7.1 "Safety Plan", and A.2.48 "Driver Safety Program".
- K. Inspection of food service areas and review of food service routines to ascertain the continuity of compliance with health and sanitation codes and that the components of applicable YS Policies are met.
- L. Review of the educational/vocational programs to insure compliance with the State Department of Education guidelines.
- M. Review of compliance with YS Policy No. A.5.4 "Quality Assurance Policy for Automated Information Systems" in addition to review of general youth records and office procedures to assure compliance with adopted standards, YS Policies, and statutes.
- N. Review and report on the current status of compliance efforts concerning comments made in the previous QA Review report.
- O. Additional reviews may be conducted as determined by the Deputy Secretary or Chief of Operations.
- P. At the conclusion of the review process, the team shall meet to discuss their findings and to prepare for an exit meeting with the Facility Director and his staff.

- Q. At the exit meeting, each member of the QA Review Team shall briefly inform the Facility Director of the findings in their assigned area of review, as well as any significant problems and accomplishments. The Facility Director and his staff shall be given the opportunity to dialogue with the team.

VIII. REGIONAL OFFICE PROCESS:

- A. The Chief of Operations/designee shall select a sufficient number of cases to be reviewed to ensure that all types of cases and supervision levels are included in the random sample. A minimum of five cases per officer shall be reviewed. The Chief of Operations/designee shall supply the Regional Manager with the list of cases to be reviewed at least one day in advance.
- B. Review of OJJ policy, DYS procedures, compliance with existing laws, whether the Region is managing and utilizing its resources economically and efficiently, and whether the office is achieving the results or benefits as established by the Agency shall be completed to determine compliance.
- C. The QA Review team shall meet with the Regional Manager and his supervisors to discuss the scope and process of the review and to provide the Regional Manager and his staff the opportunity to explain Regional procedures, especially if there are procedures or situations unique to the Region.
- D. The Chief of Operations/designee may request additional cases to be reviewed if a significant problem is found with a particular officer's cases.
- E. Upon completion of case reviews, the Chief of Operations/designee shall assign the QA Review team members to review specific operations within the office. Such operations include, but are not limited to: personnel procedures, organization of the clerical unit, supervisory responsibilities, use of vehicles and other equipment, staff meetings, etc. The review team may contact other individuals involved in the juvenile justice system in the Region, as well as youth and their families.
- F. Review of select training curriculums to determine compliance with YS Policy and adopted standards requirements.
- G. As appropriate, review of a sample of moveable property to determine if items have been marked with property tags numbers and are in the correct locations.
- H. Review of safety practices and compliance with YS Policies A.7.1 "Safety Plan" and A.2.48 "Driver Safety Program".

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- I. Review of compliance with YS Policy No. 5.4 "Quality Assurance Policy for Automated Information Systems".
- J. Review and report on the current status of compliance efforts concerning comments made in the previous QA Review Report.
- K. Additional reviews may be conducted as determined by the Deputy Secretary or Chief of Operations.
- L.. At the conclusion of the review process, the team shall meet to discuss their findings and to prepare for an exit meeting with the Regional Manager and staff.
- M. At the exit meeting, each member of the QA Team shall briefly inform the Regional Manager of the findings in their assigned area of review, as well as any significant problems and accomplishments. The Regional Manager and staff shall be given the opportunity to dialogue with the team.

Previous Regulation/Policy Number: C-05-003 / C.5.3

Previous Effective Date: 03/31/2003

Attachments/References: